

Clinical Services at the Rhode Island Training School

Rhode Island Department of Children, Youth and Families
Division of Juvenile Correctional Services: Training School

Policy: 1200.1100

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All residents have unimpeded access to medically necessary, routine and emergency health, dental and behavioral health care provided in a timely manner by licensed professionals. The R.I. Training School (RITS) does not discriminate in providing health, dental and behavioral health care to residents. Residents access these services without regard to legal or disciplinary status, living unit, gender, sexual orientation, race, ethnicity or disabilities. Residents are afforded reasonable opportunities to speak privately with medical, dental and behavioral health staff, are not required to disclose the reason for a request to non-clinical staff and are never asked to discuss medical, dental or behavioral health in the presence of any other resident. Residents receive verbal and written orientation to their rights to access these services.

Any exception to the provisions of this policy requires the prior written permission of the Superintendent of the RITS.

Related Procedure

[Clinical Services at the RI Training School](#)

Related Policy

[Legal Establishment](#)

[Notice to Superintendent](#)

[Comprehensive Assessment and Service Planning](#)

[Suicide Prevention and Special Watches at the Training School](#)

[Resident Handbook](#)

[Resident Grievance Procedure](#)

[Rhode Island Children's Information System \(RICHIST\)](#)

[Unusual Incident Report](#)

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Clinical Services at the Rhode Island Training School

Procedure from Policy 1200.1100: Clinical Services at the RI Training School

- A. Providers of health, dental and behavioral health care are prepared and credentialed in conformance with DCYF Policy 1200.0000, Legal Establishment.
1. Final judgments regarding medical care are made by a physician and regarding dental care by a dentist.
 - a. Credentialed health care providers, including but not limited to registered nurses, nurse practitioners, physician assistants, registered dental hygienists and certified dental assistants, practice within the parameters defined by the RI Department of Health (RIDOH).
 - b. Standing medical orders are written by physicians, are reviewed regularly and are revised as necessary.
 2. The RI Training School (RITS) maintains a centralized clinic with private examination facilities as well as written agreements with local hospitals and providers for medically necessary care not provided on site. Residents have daily access to medically necessary health, dental and behavioral health services and 24 hour access to emergency health, dental and behavioral health services.
 - a. Qualified professionals determine and supervise care.
 - b. Standard operating protocols are developed to ensure uniform and high quality medical, behavioral health and dental services.
 - i. Staff are trained on and proficient in the implementation of these protocols.
 - ii. Protocols are reviewed no less than annually by the supervising physician and the Clinical Director and are revised as necessary. A document describing this review is signed and dated by the supervising physician and the Clinical Director.
 - c. Written job descriptions include required qualifications and position responsibilities within the RITS health care delivery system.
 - d. If a resident requires hospitalization, he or she is accompanied by staff that remains with him/her during admission.
 - e. Staff brings necessary consent documentation with the resident to the hospital or off site medical provider.
 3. Adequate space, equipment, supplies and materials are provided to meet the medically necessary health, dental and behavioral health care needs of the resident.
 4. Paragraph A is consistent with American Correctional Association (ACA) Standards 3-JDF-4C-01; 3-JTS-4C-01; 3-JDF-4C-02; 3-JTS-4C-02; 3-JDF-4C-04; 3-JTS-4C-04; 3-JDF-4C-05; 3-JTS-4C-05; 3-JDF-4C-06; 3-JTS-4C-06; 3-JDF-4C-07; 3-JTS-4C-07; 3-JDF-4C-08; 3-JTS-4C-08; 3-JDF-4C-09; 3-JTS-4C-09; 3-JDF-4C-10; 3-JTS-4C-10; 3-JDF-4C-11; 3-JTS-4C-11; 3-JDF-4C-12; 3-JTS-4C-12; 3-JTS-4C-13; 3-JDF-4C-33 and 3-JTS-4C-34.
- B. In the event of serious illness, injury or death, the resident's parents or legal guardians are notified as soon as possible. In addition, staff notify supervisory staff in conformance with DCYF Policy 1200.0702, Notice to Superintendent. Paragraph B is consistent with ACA Standards 3-JDF-4C-45 and 3-JTS-4C-45.
- C. The Clinical Director or designee monitors health, dental and behavioral health providers and staff and receives reports on services provided.
1. Administrative meetings with health, dental and behavioral health care staff are convened no less than quarterly. These meetings address effectiveness of care provided, challenges and environmental factors that must be addressed, changes since the last review and recommendations for corrective action.

2. The Clinical Director and Superintendent review health, dental and behavioral health care services annually and implement corrective actions as needed.
 3. Paragraph C is consistent with ACA Standards 3-JDF-4C-03; 3-JTS-4C-03; 3-JDF-4C-05; 3-JTS-4C-05; 3-JDF-4C-45 and 3 JTS-4C-45.
- D. Staff report any health or medical safety issues related to residents to the clinic between the hours of 7:00 A.M. and 11:00 P.M. or to the Master Control Center (MCC) between 11:00 P.M. and 7:00 A.M. The MCC notifies the Superintendent or Administrator on Call, if necessary. Paragraph D is consistent with ACA Standards 3-JDF-4C-03 and 3-JTS-4C-03.
- E. The content, quality and periodicity of health, behavioral health and dental care conforms to the relevant standards of the RIDOH, the American Psychiatric Association, the American Academy of Pediatrics, the American Dental Association and the U.S. Centers for Disease Control.
1. Interventions are individualized for each resident and calibrated to the seriousness and urgency of the presenting need.
 2. Each resident is provided an explanation of interventions consistent with his or her cognitive and developmental capacity, language barriers or disabilities.
 3. To ensure medical confidentiality, interventions are delivered in private.
 - a. Any exception to the medical confidentiality of a resident requires the finding by the Superintendent or designee that the safety or security of the resident or staff requires staff supervision. This finding is documented in conformance with [DCYF Policy 1200.0827, Unusual Incident Report](#).
 - b. When the safety or security requires the presence of staff during a routine or scheduled physical examination or intervention, supervision is provided by staff of the same sex as the resident.
 4. Paragraph E is consistent with ACA Standards 3-JDF-4C-07; 3-JTS-4C-07; 3-JDF-4C-09 and 3-JTS-4C-09.
- F. Staff secure appropriate consent before providing treatment to detained or adjudicated residents provided however that a resident may receive medically necessary emergency medical treatment before such consent is given.
1. The consent of the resident's parent or legal guardian is required for residents under the age of 18 with the exception for the treatment of sexually transmitted infections or for the treatment of substance abuse.
 - a. Staff make every effort to contact parent or legal guardian to have the Consent for Treatment Form signed.
 - b. If the parent or guardian does not sign the consent after a good faith effort by staff, the Superintendent may sign the Consent for Medical Treatment Form.
 - c. Once signed, the Consent for Treatment remains in effect throughout the resident's sentence to the RITS (including Temporary Community Placement).
 - d. A separate consent, the Authorization for Medication Form, is required for psychiatric medications.
 - i. For residents under the age of eighteen (18), parent or guardian also signs the Authorization for Medication Form, which remains in effect throughout the resident's sentence to the RITS (including Temporary Community Placement).
 - ii. If the parent or guardian does not sign the Authorization for Medication Form after a good faith effort by staff, the Superintendent may sign for the resident.
 - e. A separate consent, Consent Authorization for Dental Extractions, is required for extractions performed at the RITS Dental Clinic.

- i. The Consent Authorization for Dental Extractions Form lists teeth to be extracted.
 - ii. If the parent or guardian does not sign the Consent Authorization for Dental Extractions Form after a good faith effort by staff, the Superintendent may sign for the resident.
 - f. A separate consent, Consent Authorization for Endodontic Treatment, is required for root canals performed at the Training School Dental Clinic.
 - i. The Consent Authorization for Endodontic (root canal) Treatment Form lists the teeth needing root canals.
 - ii. If the parent/guardian does not sign the Consent Authorization for Endodontic (Root Canal) Treatment Form after a good faith effort by staff, the Superintendent may sign for the resident.
 2. Residents who are eighteen (18) years of age or older, sign the Consent for Medical Treatment, Authorization for Medication Forms, Consent Authorization for Dental Extractions Form and Consent Authorization for Endodontic (root canal) Treatment Form.
 3. If medically necessary, emergency medical treatment is provided before parents/legal guardians sign the Consent for Medical Treatment or Authorization for Medication Forms. Parents are notified as soon as possible.
 4. If consent cannot be secured as outlined in paragraph F, above, treatment is rendered if the resident's condition poses an imminent danger to him/herself or others. In some cases, such as, when treatment is refused on personal or religious beliefs, a court order may be sought.
 5. Paragraph F is consistent with ACA Standards 3- JDF-4C-42 and 3-JTS-4C-44.
- G. Any resident grievance related to health care is deemed a potential emergency and managed in conformance with [DCYF Policy 1200.1206, Resident Grievance Procedure](#). Paragraph G is consistent with ACA Standards 3-JDF-4C-07 and 3-JTS-4C-07.
- H. Medical, dental and behavioral health screening begins at intake to the RITS.
1. The resident is informed of his/her right to medical care immediately upon confinement in conformance with [DCYF Policy 1200.1301, Resident Handbook](#).
 2. The Juvenile Program Worker or registered nurse:
 - a. Inquires as to whether the resident is being treated for medical, dental or behavioral health needs and observes the general appearance and behavior of the resident.
 - b. Informs the MCC if he or she identifies symptoms of illness, injury or substance abuse/chemical dependency that may require immediate medical care. The MCC informs the Police accompanying the youth that medical clearance is required before the resident is admitted.
 3. Within twenty four (24) hours of admission a comprehensive assessment, including dental screening, is performed by registered nurse.
 - a. The registered nurse completes the RITS Medical Screen Form and refers the resident for immediate dental, medical or behavioral health care if urgent needs are identified.
 - b. Staff are advised of special medical needs through a medical alert.
 4. Within forty-eight hours of his/her admission, each resident is given a comprehensive medical examination by a physician. If a resident arrives on a weekend, he/she is seen on the following working day unless a court appearance makes this impossible. A resident whose stay extends beyond one year is given a comprehensive medical examination annually. The elements of this examination include, but are not limited to:
 - a. Immunizations as recommended by the Rhode Island Medical Society Advisory Committee in accordance with accepted medical standards;
 - b. Examination of vision and hearing;
 - c. Medical History, both physical and mental;

- d. Blood profile;
 - e. Urinalysis;
 - f. Screening for sexually transmitted diseases and/or venereal disease, and screening for drug use;
 - g. Other tests or screenings, as indicated, including screening for sickle cell anemia and other genetic diseases;
 - h. Consideration is given as to the need to perform a neurological examination;
 - i. Gynecological series are available where appropriate in the judgment of an examining physician.
 - j. Within forty eight (48) hours, laboratory work is completed and documented on RITS Laboratory Forms. If other than the state of RI laboratory, the services of the clinical laboratory meet the accreditation standards of the Joint Council on Accreditation of Healthcare Organizations (JCAHO).
5. Within seven (7) days of admission and every six (6) months, thereafter, each resident is given a comprehensive dental exam, including necessary x-rays, oral hygiene instructions and oral health education.
 - a. Dental care is provided under the direction and supervision of a dentist.
 - b. Emergency dental care is provided as well as corrective, as opposed to cosmetic, care.
 - c. Residents who have been at the RITS at least six (6) months have a discharge dental exam. RITS nursing staff advise the dental staff of the need for these dental discharge exams.
 6. The Suicide Risk Assessment is performed immediately upon admission by a JPW between the hours of 11:00 P.M. and 7:00 A.M. or a registered nurse between the hours of 7:00 A.M. and 11:00 P.M.
 - a. The Suicide Risk Assessment Form is completed.
 - b. If risk is identified, the JPW continues to provide direct supervision of the resident and immediately notifies the MCC.
 - c. If a special watch is needed, it is ordered. Staff provide supervision to residents in conformance with [DCYF Policy 1200.0709, Suicide Prevention and Special Watches at the Training School](#).
 7. Massachusetts Youth Screening Instrument Version 2 (MAYSI-2)
 - a. The MAYSI-2 determines the presence of acute mental health issues which may require prompt intervention for residents.
 - b. The MAYSI-2 is administered by RITS staff to residents within forty-eight (48) hours of detention.
 8. Within 24 hours of admission, the Clinical Social Worker (CSW) meets with the resident to assess his/her needs and to assist with his/her adjustment. The CSW provides counseling to the resident and identifies any referrals for behavioral health assessment or treatment needed.
 9. Any resident whose offense, behavior subsequent to admission or whose records indicate potential or previous mental health needs is seen by the CSW and referred as needed to the staff psychiatrist. The psychiatrist evaluates the resident, documents findings in the youth's medical record and makes a complete written report within two (2) weeks if requested by the court.
 10. Within ten (10) days of admission, the Unit Manager and Clinical Social Worker gather information to formulate a preliminary profile of the resident.
 - a. Information dealing with the resident's social history, family background, education, behavioral observations, medical history and other pertinent data are gathered.
 - b. The Clinical Director determines the need for diagnostic, evaluative or therapeutic evaluations by a psychologist or psychiatrist.
 - c. The resident is integrated into unit life.

- d. Educational services are provided in conformance with [DCYF Policy 1200.1715, Education of Non - Adjudicated Residents.](#)
- 11. The Global Appraisal of Individual Needs (GAIN) assessment
 - a. The GAIN evaluates a broad spectrum of mental health and substance abuse issues to determine necessary levels of treatment and placement of residents sentenced to the RITS.
 - b. The GAIN is completed by the RITS Clinical Social Worker within thirty (30) days of a resident's adjudication to direct further assessment and service planning.
- 12. The Department's assessment and service planning processes are completed in accordance with [DCYF Policy 700.0075, Comprehensive Assessment and Service Planning.](#)
- 13. Paragraph H is consistent with ACA Standards 3-JDF-4C-07; 3-JTS-4C-07; 3-JDF-4C-13; 3-JTS-4C-14; 3-JDF-4C-21; 3-JTS-4C-22; 3-JDF-4C-22; 3-JTS-4C-23; 3-JDF-4C-22; 3-JTS-4C-23; 3-JTS-4C-24; 3-JDF-4C-25 and 3-JTS-4C-26.
- I. Medically trained personnel monitor and respond to residents' health needs daily.
 - 1. Registered Nurses conduct sick call twice a day between the hours of 7:00 A.M. and 11:00 P.M., which is accessible to all residents for non-emergency care.
 - a. Medical staff maintain a daily log which details attendance at sick call, medications dispensed, treatment administered and referrals made.
 - b. This information is entered into the resident's medical file for evaluation by the treatment planning team, as required.
 - 2. Physicians and dentists are available at least two (2) hours a day, four (4) days a week. In addition, a physician or physicians are on call twenty-four (24) hours a day, seven days a week, to provide medically necessary evaluation and care as indicated by the nursing staff or as requested by residents.
 - a. In no circumstance is resident access to medical care denied by staff.
 - b. Health appraisal is conducted by qualified staff under the supervision of a physician or dentist and is completed in a uniform manner which conforms to standard medical or dental practice.
 - c. Review of results of medical or dental examinations, tests or the identification of problems is performed by a physician or dentist.
 - 3. Pharmaceuticals are managed, prescribed and administered by qualified personnel pursuant to an appropriate examination of the resident.
 - a. Prescriptions clearly indicate an end date and are re-evaluated before renewal.
 - b. Prescription medication is administered by a registered nurse according to a physician's orders.
 - c. Psychotropic medications are prescribed only by a physician in response to a therapeutic need identified through an examination of the resident.
 - i. Under no circumstances is a stimulant, tranquilizer or psychotropic drug administered for the purposes of program management or control or for disciplinary reasons or for the purposes of experimentation or research.
 - ii. Any utilization of medication to restrain a resident must have the prior written permission of the Clinical Director or Superintendent.
 - d. Written protocols conforming to state and federal law direct the receipt, storage, administration and documentation of medication.
 - e. Controlled substances are stored and inventoried in conformance with state and federal law.
 - f. Pharmacy services are provided through contract with credentialed providers.
 - i. Medications are delivered daily in individualized packets for each resident.

- ii. Emergency medications are obtained through identified local providers.
- 4. In conformance with [DCYF Policy 400.0000, Training and Professional Development](#), staff are trained to respond to health related situations within a four (4) minute time frame.
 - a. All staff receive training in First Aid and First Aid kits are available in the residential units.
 - b. The Medical Director reviews and approves the content of the First Aid Kits annually.
 - c. Nursing staff check the First Aid Kits monthly to ensure completeness.
 - d. When medical personnel are not on site (between the hours of 11:00 P.M. and 7:00 A.M.), staff may dispense items contained in the first aid kit provided by the RITS. Staff may also dispense identified items, including Epi pens, inhalers and antibiotic creams, as ordered by the RITS physician, which are stored on each unit behind a locked door.
 - i. Staff report any dispensing of items from the first aid kit to the clinic at 7:00 A.M.
 - ii. The staff that provided care to the resident is responsible for notifying medical personnel at 7:00 A.M.
 - iii. Staff record the resident's name, the time the treatment was given and items dispensed in the Daily Log Book.
 - iv. Medical personnel record this information in the resident's medical file or nursing log.
 - v. Staff never provide any medication which is not issued by the RITS to residents.
- 5. Emergency medical care is available at all times.
 - a. From 7 A.M. to 11:00 P.M., staff contact the clinic immediately to report a medical emergency.
 - b. From 11:00 P.M. to 7:00 A.M. staff contact the Master Control Center (MCC) immediately to report a medical emergency.
 - c. Staff immediately provide first aid in conformance with approved department training while awaiting medical staff.
 - d. The MCC arranges emergency transport if the resident requires medical interventions not available on site.
 - e. Residents are transported in conformance with [DCYF Policy 1200.0240, Transportation of Residents Off Grounds](#) and [DCYF Policy 1200.0832: Use of Restraint at the RI Training School](#).
- 6. Behavioral health services, including pharmaceutical management, are provided by qualified professionals in conformance with [DCYF Policy 1200.0000, Legal Establishment](#).
 - a. Screening and evaluation are provided at all stages of confinement for residents with serious behavior health needs, including chemical dependency, or developmental delays. Services are provided during all stages of confinement for the detection, diagnosis, treatment and referral to medically necessary care on or off site for identified needs.
 - i. The Clinical Director annually reviews and approves protocols for the care of residents who require medically supervised detoxification from alcohol or other drugs.
 - ii. Staff are trained in and adhere to these protocols at all times.
 - b. Specialized strategies calibrated to each resident's needs and strengths are included in the DCYF #032, Service Plan in conformance with [DCYF Policy 700.0075, Comprehensive Assessment and Service Planning](#).
 - c. Staff are trained in suicide prevention and intervention and provide supervision as necessary in conformance with [DCYF Policy 1200.0709, Suicide Prevention and Special Watches at the Training School](#).

- d. The Clinical Director and other mental health staff assist in the development and implementation of staff training programs and are responsible for developing a mechanism for evaluating the overall effectiveness of treatment programs.
7. Obstetrical and gynecological care is provided to female residents as needed.
8. Medically necessary consultation and care are provided to residents by health care specialists.
9. For residents requiring a special health program or close medical supervision, an individualized plan is developed. Medical, dental or behavioral health needs and corresponding interventions are noted in DCYF #032, Service Plan in conformance with [DCYF Policy 700.0075, Comprehensive Assessment and Service Planning](#).
 - a. The Clinical Director, in collaboration with the Medical Director, annually reviews and approves protocols for the testing, care and medical management of the needs of residents who have tested positive for or who may benefit from testing for HIV. Staff are trained in and adhere to these protocols at all times.
 - b. Chronic care, convalescent care and medical preventive maintenance are provided to residents as medically necessary. Medical and dental prostheses are provided when the health of the resident would otherwise be adversely affected as determined by the attending physician in consultation with the Clinical Director.
 - c. A medical alert is sent to all staff to ensure that the resident's needs are met in conformance with the identified plan.
10. The Clinical Director, in collaboration with the Medical Director, annually reviews and approves protocols for the management of serious and infectious diseases. The RITS adheres to the recommendations of the RIDOH and the U.S. Centers for Disease Control.
 - a. Written protocols describe control, treatment and prevention strategies, special housing arrangements, prompt medical examination of staff or residents suspected of having a communicable disease, protection of confidentiality and media relations.
 - b. Staff are trained in and adhere to these protocols at all times.
11. The Director of the Department of Children, Youth and Families (DCYF), in conjunction with the Rhode Island Medical Society will establish a committee which includes qualified physicians and psychiatrists or psychologists not employed by the Department to periodically review RITS medical and mental health programs.
 - a. This advisory committee is appointed by the Director of DCYF and reports its findings to him/her and to the Superintendent.
 - b. The committee will develop an evaluation mechanism to ensure the appropriateness and effectiveness of all treatment programs and personnel and any research projects, including goals and procedures.
12. Paragraph I is consistent with ACA Standards 3-JDF-4C-07; 3-JTS-4C-07; 3-JDF-4C-13; 3-JTS-4C-14; 3-JDF-4C-14; 3-JTS-4C-15; 3-JDF-4C-16; 3-JTS-4C-16; 3-JTS-4C-18; 3-JDF-4C-18; 3-JTS-4C-19; 3-JDF-4C-19; 3-JTS-4C-20; 3-JDF-4C-20; 3-JTS-4C-21; 3-JDF-4C-21; 3-JTS-4C-22; 3-JDF-4C-22; 3-JTS-4C-23; 3-JDF-4C-24; 3-JTS-4C-25; 3-JDF-4C-25; 3-JTS-4C-26; 3-JDF-4C-26; 3-JTS-4C-27; 3-JDF-4C-27; 3-JTS-4C-28; 3-JDF-4C-28; 3-JTS-4C-29; 3-JDF-4C-29; 3-JTS-4C-30; 3-JDF-4C-30; 3-JTS-4C-31; 3-JDF-4C-31; 3-JTS-4C-32; 3-JDF-4C-32; 3-JTS-4C-33; 3-JDF-4C-33; 3-JTS-4C-34; 3-JDF-4C-35; 3-JTS-4C-37; 3-JDF-4C-36; 3-JTS-4C-38; 3-JDF-4C-37; 3-JTS-4C-39; 3-JDF-4C-38; 3-JTS-4C-40; 3-JDF-4C-39; 3-JTS-4C-41; 3-JDF-4C-40; 3-JTS-4C-42; 3-JDF-4C-41; 3-JTS-4C-43; 3-JDF-4C-46 and 3-JTS-4C-44.

- J. Health Education is provided to residents in conformance with [DCYF Policy 1200.1702, Education: Program Structure and Operations](#). In addition, staff provide individualized information on sound health and hygiene practices related to each resident's needs during the provision of health, behavioral health and dental care. Paragraph J is consistent with ACA Standards 3-JDF-4C-34 and 3-JTS-4C-36.
- K. Health, behavioral health and dental records are managed in a manner compatible with the confidential relationship between a resident and his/her doctor as well as the security of the facility.
1. Assessment and service planning are documented in RICHIST in accordance with [DCYF Policy 700.0075, Comprehensive Assessment and Service Planning](#).
 2. The active health care record is maintained separately from the confinement record with access controlled by the health authority in consultation with the Clinical Director.
 3. Health care providers share with the Clinical Director or designee information necessary for resident's medical management, security, and participation in programming.
 4. Health appraisal data and findings are recorded in the medical record on the forms provided by the RITS. The Clinical Director establishes and reviews annually protocols for the method of recording entries, the form and format of records, and for maintaining and managing inactive records.
 5. The RITS health record includes but is not limited to:
 - a. Place, date, time, and provider for all health care encounters, as well as name and signature of staff providing documentation;
 - b. Screening Forms;
 - c. Health appraisal data forms;
 - d. Findings, diagnoses, treatments, and dispositions, including medications and their administration;
 - e. Consent and release of information forms;
 - f. Treatment and progress notes; and
 - g. Discharge or treatment summary provided by a hospital or specialized health care provider.
 6. Paragraph K is consistent with ACA Standards 3-JDF-4C-24; 3-JTS-4C-25; 3-JDF-4C-46; 3-JTS-4C-48; 3-JDF-4C-47 and 3-JTS-4C-49.
- L. Resident participation in medical, cosmetic or pharmaceutical experimentation is prohibited because residents confined in a juvenile correctional facility are incapable of volunteering as a human subject without hope of reward and, therefore, cannot do so on the basis of fully informed consent. A resident may participate in a clinical trial of a medical treatment specific to his/her individual treatment needs if the:
1. treatment is medically necessary; and
 2. fully informed consent has been secured from the resident or parent in conformance with paragraph F above; and
 3. prior, written permission of the Superintendent has been secured; and
 4. clinical trial is conducted by appropriately credentialed providers in facilities accredited by the JCAHO pursuant to a documented Internal Review Board.
 5. Paragraph L is consistent with ACA Standards 3-JDF-4C-43; 3-JTS-4C-45; 3-JDF-4C-44 and 3-JTS-4C-46.